

### Attachment 3

#### Office of Administration Commissioner's Office

#### Reimbursement Request: for Other Services

Program: **Alternatives to Abortion**

Contractor: LFCS

Subcontractor: Catholic Charities of KC-St. Joseph,

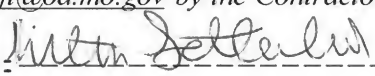
Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 2/13/2017

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
2/16/2017	Wisconsin Birth Certificate	\$21.00  \$20.00 Birth Certificate \$1.00 cost of money order	Client in need of birth certificate for replacement of identification that has been lost.
Amt to be reimbursed		\$21.00	

*Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

*Please return to Alternatives to Abortion Program Manager, State of Missouri- Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov) by the Contractor only.*

Authorized person requesting Purchase: 

Purchase is Approved\_ Denied\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying Purchase: \_\_\_\_\_

**WISCONSIN BIRTH CERTIFICATE APPLICATION**  
(for Mail or In-Person Requests)

TYPE or PRINT.

**PENALTIES:** Any person who illegally possesses any vital record with knowledge that the vital record has been illegally obtained is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per Wis. Stat. § 69.24(1)].

I. APPLICANT INFORMATION	CURRENT NAME - First		Last		MAIL TO NAME - First (if different)		Last	
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No				MAIL TO ADDRESS (if different) Apt. No			
	City		State	ZIP Code	City		State	ZIP Code
	DAYTIME TELEPHONE NUMBER ( )				EMAIL ADDRESS			
	TYPE OF CURRENT VALID PHOTO ID (See item 4 on page 2.)		PHOTO ID NUMBER			STATE OF ISSUANCE		EXPIRATION DATE
II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	Per Wis. Stat. § 69.20(1), a CERTIFIED copy of a birth certificate is only available to those with a "direct and tangible interest." (A-E)							
	CHECK ONE box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the birth certificate.							
	A. <input type="checkbox"/> I am the PERSON NAMED on the birth certificate.							
	B. <input type="checkbox"/> I am a member of the immediate family of the person named on the birth certificate. <input type="checkbox"/> Parent (My name is on the birth certificate and my parental rights have not been terminated.) <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Current Spouse <input type="checkbox"/> Child <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Current Domestic Partner (registered in the Wis. Vital Records System)							
III. FEES	C. <input type="checkbox"/> I am the legal custodian or guardian of the person named on the birth certificate.							
	D. <input type="checkbox"/> I am a representative authorized by any person in category A, B or C, including an attorney. Specify the person you represent: _____							
	E. <input type="checkbox"/> I can demonstrate the birth certificate is necessary for the determination or protection of a personal or property right. Specify your interest: _____							
	F. <input type="checkbox"/> None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity or legal purposes.)							
NOTE: Grandchildren, stepparents, stepchildren and stepbrothers / stepsisters may only obtain certified copies as categories C-E.								
PURPOSE FOR WHICH CERTIFICATE IS REQUESTED: _____								
First Copy Fee ..... \$ 20.00 20.00								
Each additional copy of the same record, issued at the same time as the first copy ..... X \$ 3.00 \$ 0.00								
Number of additional copies								
FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED. TOTAL \$ 20.00								
Submit your application materials and fee to: STATE VITAL RECORDS OFFICE / PO BOX 309 / MADISON, WI 53701-0309								
Be sure to include: <input type="checkbox"/> completed form, <input type="checkbox"/> acceptable identification, <input type="checkbox"/> payment, <input type="checkbox"/> self-addressed, stamped, business-size envelope, and <input type="checkbox"/> any additional proof or authorization required								
Make check or money order payable to: STATE OF WIS. VITAL RECORDS								
IV. BIRTH RECORD INFORMATION	BIRTH NAME - First		Middle		Last Name as it appears on the birth certificate			
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (MM/DD/YYYY)	PLACE OF BIRTH - County		PLACE OF BIRTH - City, Village, or Township			
	PARENT'S BIRTH NAME - First		Middle		Last			
	PARENT'S BIRTH NAME - First		Middle		Last			
I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested birth certificate in accordance to the categories listed above.								
SIGNATURE (Applicant)					Date Signed (MM/DD/YYYY)			

Important: Signature and payment are required for processing.